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() US Patent Practitioner

US Representative (37 CFR 11.9)

Customer Number

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of the CPR is have an assignment recorded in the Office: Assignee 1 If the Assignee is an Organization check here. | Organization Name | Posini, Inc. | Mailing Address Information:

Address 1	959 Skyway Road					
Address 2	Suite 200					
City	San Carlos	State/Province	CA			
Country US		Postal Code	94070			
Phone Number		Fax Number				
Email Address						

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Signature:

	A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.								
Signature	/BrianCMcCormack/			Date (YYYY-MM-DD) 2008-08-11					
First Name	Brian C.	Last Name	McCormack	Registration Number	36,601				

This collection of information is required by 37 CFR 1,76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450.

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